

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>8/3/99</i>
O.I.P.E. CLASSIFIER		<i>15</i>	<i>8/18/99</i>
FORMALITY REVIEW	<i>MD</i>	<i>126080</i>	<i>8/24/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original 23	
✓ 24	
✓ 25	
✓ 26	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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